

United States of America  
Department of Transportation -- Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SR09556RC

*This certificate issued to*

Heritage Aviation LTD  
2626 Aviation Parkway  
Grand Prairie, TX 75052

*certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 27 of the Federal Aviation Regulations.*

*Original Product -- Type Certificate Number:* H19NM  
*Make:* MD Helicopters  
*Model:* MD 900

*Description of Type Design Change:*

Installation of a Medical Oxygen System in accordance with Heritage Aviation, Ltd. Master Drawing List, Medical Oxygen System, A00-13007, Revision B, dated June 18, 2009, or later FAA approved revision. Rotorcraft Flight Manual Supplement, Document No. A09-63006, Revision IR, dated July 20, 2009, or later FAA approved revision is required. Instructions for Continued Airworthiness, Document No. A04-73008, Revision -, dated April 30, 2009 or later revision is required.

*Limitations and Conditions:*

This installation is compatible with MD900 S/N 900-00010 thru 900-99999 only.  
(See continuation sheet 3 of 3)

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application :* June 02, 2008

*Date reissued :*

*Date of issuance :* July 20, 2009

*Date amended :*



*By direction of the Administrator*

*Charles C. Harrison*  
(Signature)

Charles C. Harrison, Acting Manager  
Rotorcraft Certification Office  
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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### TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to *(Name of transferee)* \_\_\_\_\_

*(Address of transferee)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

from *(Name of grantor)* *(Print or type)* \_\_\_\_\_

*(Address of grantor)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor *(In ink)*: \_\_\_\_\_

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# Supplemental Type Certificate

(Continuation Sheet)

*Number* SR09556RC

Date of Issuance: July 20, 2009

*Limitations and Conditions* (Continued):

The Heritage Aviation, Ltd. Utility Floor Installation STC SR09554RC is a PREREQUISITE for this installation.

The Heritage Aviation, Ltd. EMS Interior Installation STC SR09555RC IS REQUIRED to be installed in conjunction with the Medical Oxygen System Installation.

Compatibility of this design change with previously approved modifications must be determined by the installer. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the person written evidence of that permission.